

City of San Angelo, Texas - Building Permits & Inspections 52 West College Avenue



NOTE: Incomplete applications will not be accepted. All required fields must be filled in adequately. The Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

OFFICE USE ONLY:
PERMIT #:
DATE ACCEPTED:

Section 1: Basic Information						
Addross			Business Name (N	on regidential only	λ	
Address Bu			business Name (W	on-residential only	')	
Legal Description (can be fou	ınd on property ta	ax statement or at www.t	omgreencad.com)			
16-Digit Geographic ID Numb	per (can be found	on property tax stateme	ent or at <u>www.tomgre</u>	encad.com)		
One Authorized Representa	itive <u>must</u> be se	lected below. All comm	nunications regardi	ng this applicatio	on will be conducte	d with this individual.
Authorized Representative:	☐ Tenant	☐ Property Owner	☐ Contractor	□Architect	□Engineer	
Tenant:Name/Company		Phone N	umber		Email Address	
Property Owner:Name			Phone Number		Email	Address
Contractor:Name/Company/	Contractor #	Phone N	umber		Email Address	
Architect/Engineer/Design Pr		1 110110 14			Ziliali / Idai 000	
Architect/Engineer/Design Fi	Name	 e		Phone Number		Email Address
Section 2: Property C	haracteristic	S	Length (L	_inear Feet)	Street	: Name
Lot Size (Square Feet)		Lot Frontage 1:				
		Lot Frontage 2:				
Lot Size (Acreage)		Lot Frontage 3:				
		Lot Frontage 4:				
Is the property located, in who	ole or in part, with	nin the designated River	Corridor District? (ma	ap available at <u>ww</u>	vw.cosatx.us/RCma <u>r</u>	2)
☐ Yes	1	No				
If yes, has the project bee	en approved?	Yes (attach a c	opy of the official lett	er of approval)	☐ No	
Is the property located, in whole or in part, within a designated Historic District or overlaid with the local Historic Overlay (HO) designation? (map available at www.cosatx.us/HDmap)						ignation? (map available
☐ Yes	□ 1	No				
If yes, has the project bee	en approved?	Yes (attach a c	opy of the official lette	er of approval)	□ N	lo
Is the proposed project any o	f the following?					
☐ Construction of a building comprising at least 25,000 square feet of gross floor area?						
Construction of a building comprising at least 10,000 square feet of gross floor area and which is located on the same lot as an existing building comprising at least 25,000 square feet of gross floor area?						
☐ Exterior alterations to an existing building of at least 25,000 square feet of gross floor area or has an existing Urban Design Review?						
☐ Construction of more than one principal building for multi-family residential use on a single lot or tract of land?						
Construction of more than one principal building for single-family or two-family residential use on a single lot or tract of land?				nd?		

Section 3: Ut	ility Information			
Water:	☐ City - requesting new services	Proposed size?		
	☐ City - utilizing existing services	Existing size?		
	☐ Other	Please specify:		
C	□ Cit	Proposed size 2		
Sewer:	☐ City - requesting new services	Proposed size?		
	☐ City - utilizing existing services	Existing size?		
	Other	Please specify:		
41075	Septic System	Lot size?		
		Department for Septic System Permit 325-658-1024)		
Section 4: Pr	oject Scope			
Scope of Work (s	select all that apply):	cupancy		
	☐ Alteration	☐ Demolition ☐ Carport ☐ Accessory Building		
Valuation of Proje	ect: \$	Description of Work:		
	•	estead Exempt?		
l otal s	quare footage of all existing buildings on s	site: Square footage of proposed work:		
Square	e Footage (Heated / Unheated)	Square Footage (Heated / Unheated)		
Building 1:		Building 2:		
Building 3:		Building 4:		
Building 5:		Building 6:		
Section 6: La	and Use / Occupancy (section a	applicable to non-residential or multi-family projects only)		
		re currently an open application to rezone? Yes No		
Proposed Use of	Land:			
	ed Use Require a Conditional Use or Spe please consult the Use Table or contact the			
Existing Use or M	Aget Recent Use of All Building(s) (if they	exist):		
LAISTING USE OF IV				
Proposed Use of	All Building(s):			
Does the propose	ed use / occupancy include storage?	Yes		
If yes, summarize the types of things which will be stored.				
If yes, how m	any employees does the business have?			
If yes, will sto	rage - either items themselves, or shelvin	g - exceed 12' in height?		
If yes, will any	y items be stored outside building(s) on sit	te?	No	

Section 6 continued: Land Use / Occupancy (section appli	icable to non-res	idential or multi	i-family projects only)
Does the proposed use / occupancy include an area for customers?	es 🗌 No		
Will the service(s) offered by the business take place on-site, off-site, or both?			
Will there be any full-time living or part-time lodging on-site? If so, explain: _			
Is there a freight movement component to the business? If so, explain:			
Is there a manufacturing component to the business? If so, explain:			
Is there a sales component to the business? If so, explain:			
Is there any existing or proposed storage of fuel or water on-site? If so, explain	า:		
If multi-family or lodging, how many units?			
Note that, for all construction projects, an architect and / or an e 5 & 6 outline when this is the case. The undersigned certifies that the above information is correct to the agree to abide by all applicable city ordinances and specifications. At fee of ten percent (10%) of the overall permit fee and this fee will be a	best of my knowled	dge and that I have	read, fully understand and
Authorized Representative Signature	Date		
FOR OFFICE USE ONLY:			
Submitted to front desk: Deemed preliminary compl	lete:		
Date	Date	Time	Initials
Received by Development Services Technician for completeness review:	Date	Time	Initials
Completeness review passed?	□ No Dat	9	
If yes, when was application scheduled for staff review, if applicable?	Date		Initials
If no, when was rejection & list of deficiencies (attach copy) sent to Autho	rized Representative?	Date	
Resubmittal received by Development Services Technician for comp	oleteness review:	Date	 Initials
Completeness review passed? (Note: If resubmittal still incomp	olete after a second revi	ew, schedule appointme	ent with Authorized Representative.)
☐ Yes ☐ No Date Date	ate		
Are additional permits (e.g., sign) required for this project? If so, include the ap	oproval date(s) and pe	ermit type(s):	

Approvals required for this application:				
	Approval Date	Case Number	Notes	
Zoning Board of Adjustment				
Planning Commission				
Design & Historic Review Comm.				
Urban Design Review				
Construction Board of Adj & Appeals				
City Council				
	Approval Date	Case Number	Notes	
Staff approvals required for this application:	.,			
Planning Division				
Engineering Services - Streets				
Engineering Services - Utilities				
Fire Prevention				
Health Department				
Stormwater				
Plan Reviewer				
Inspector - Building				
Inspector - Electrical				
Inspector - Mechanical				
Inspector - Plumbing				
Permit Issued on:				
Certificate of Occupancy Issued: Notes, Additional Comments, etc.:				
inotes, Additional Comments, etc				
				
				